2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State
03-15-2007 90029 030 ****58.75
04-02-2007 90073 042 ***100.00

DOCUMENT # S43026

1. Entity Name
OXYGEN ZONE SURFWEAR, INC.

Principal Place of Business	Mailing Address
10900 FRONT BEACH RD PANAMA CITY BEACH FL 32407	10900 FRONT BEACH RD PANAMA CITY BEACH FL 32407

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-3064176 — Applied For / Not Applicable

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAFDIE, YORAM
379 MAHOO RD
PANAMA CITY FL 32411

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. [ ] — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY ST-ZIP	P PEREZ, SAMARYAHOU 111 W. WESLIE LANE PANAMA CITY BEACH FL 32407	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY ST-ZIP	VP SAFDIE, YORAM P O BOX 28268 PANAMA CITY FL 32411	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		[ ] Change [ ] Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Yoram Safdie 2/28/08 8502580314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #